

Janet Napolitano  
Governor



Mary Hauf Martin  
Executive Director

*State of Arizona*  
*Board of Respiratory Care Examiners*  
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**ATTENTION: "INVESTIGATION DEPARTMENT"**

**NOTIFICATION OF TERMINATION FROM EMPLOYMENT**

NOTICE OF TERMINATION FROM: ☐ EMPLOYER ☐ SELF REPORT

EMPLOYER/BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

SUPERVISOR'S NAME & TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

NAME OF LICENSE: \_\_\_\_\_

DATES OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_

DATE OF TERMINATION \_\_\_\_\_

DESCRIBE LICENSES DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE REASON FOR TERMINATION: \_\_\_\_\_

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REPORTER OF TERMINATION:

DATE:

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

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